

LPC SUPERVISOR APPLICATION

Note: Please TYPE or PRINT legibly. Enclose the non-refundable application processing fee of \$150.00. Submit the original application form.

I. PERSONAL-PROFESSIONAL

A. NAME: _____

B. BUSINESS ADDRESS: _____
Street or Box

City	State	Zip
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C. HOME ADDRESS: _____
Street or Box

City	State	Zip
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D. WORK PHONE:_____ **HOME PHONE:**_____

CELL: _____ EMAIL: _____

E. DEGREES: M.S., M.Div., Ph.D., Ed.S., M.A., Th.D., Ed.D., M.Ed., Psy.D.

F. DEGREE AREA: (Indicate the area of study for each degree circled. Additional pages may be added if necessary)

II. LICENSURE: Five years, or more, of full time clinical practice as an LPC are required. Full time means twenty, or more, hours of client contact per week.

A. License Number: _____ **B. Original License Date:** _____

C. Expiration Date of Current License:_____

III. PROFESSIONAL ETHICS:

I have read, understand, and agree to abide by the current ABEC *Code of Ethics and Standards of Practice* in my practice as an approved LPC supervisor.

IV. TRAINING:

Check all that apply and document (e.g., certificate or official transcript) completion of one, or more, of the following.

- _____ A. ABEC Approved Event (Minimum of 24 contact hours).
- _____ B. Academic Course in Supervision from an accredited graduate program.
- _____ C. Certified /Approved Supervisor in (1) AAMFT,
(2)AAPC, (3)AMHCA, or (4)NBCC

V. THEORETICAL FOUNDATION:

Provide a typed statement discussing your philosophy and model(s) of supervision and an assessment of your strengths and weaknesses as a potential supervisor. This statement shall adequately demonstrate familiarity with the significant legal, ethical, and clinical issues relevant to the supervisory relationship.

VI. PEER RECOMMENDATIONS:

Provide recommendations, on a form approved by the ABEC, from three (3) LPCs who have a current Alabama license.

VII. SPECIAL ASSIGNMENT:

I would like to be considered for inclusion on the ABEC Panel of Supervisors for LPCs who are required by the ABEC to enter into supervision in order to remediate an ethical violation. I have attached a statement on why I would like to be part of this panel and a resume or curriculum vita. Yes _____ No _____

VIII. NOTARIZED SIGNATURE: I authorize the Alabama Board of Examiners in Counseling to make such inquiry as necessary in validating information contained in this application. I understand that false or misleading information on this application may be cause for its rejection. I understand that the ABEC has final decision and authority with reference to this application.

I also understand that failure to comply with the *Code of Ethics and Standards of Practice* of the Alabama Board of Examiners in Counseling (ABEC) and/or the rules and regulations in the ABEC Administrative Code may affect my status as an LPC Supervisor.

Applicant's Signature

Date

Sworn to and subscribed before me this _____ day of _____, 20_____.

Notary Public

My Commission Expires: _____

Seal:

Return Completed Application To:

Alabama Board of Examiners in Counseling
950 22nd Street North
Suite 765
Birmingham, AL 35203-5304

ALABAMA BOARD OF EXAMINERS IN COUNSELING

Counseling Supervisor's Recommendation Form

Applicant's Name _____
Last First Middle

LPC # _____

Dear Colleague:

The person listed above has applied to the Alabama Board of Examiners in Counseling to become an approved Supervising Counselor. Your objective rating of this person's professional/personal qualifications will enable the Board to evaluate whether this applicant meets its standards. All applicants have a right to review their file.

Referent Name _____ LPC # _____

Professional/Business Address _____

Position _____ Phone _____

RELATIONSHIP TO APPLICANT

Number of years you have known the applicant? _____

(check all that are applicable)

_____ personal friend

_____ employment supervisor or former supervisor

_____ professional colleague

_____ other (please specify below)

Please respond to the following items using the accompanying rating scale.

Rating Scale

(1=poor; 2=fair; 3=average; 4=good; 5=excellent; UK=unknown)

The applicant demonstrates knowledge

Please Circle

- | | | | | | | |
|---|---|---|---|---|---|----|
| • of various counseling theories, systems and their related methods | 1 | 2 | 3 | 4 | 5 | UK |
| • of personal, philosophical, theoretical, and methodological approach to counseling | 1 | 2 | 3 | 4 | 5 | UK |
| • of the counselor development process | 1 | 2 | 3 | 4 | 5 | UK |
| • in case conceptualizations and management | 1 | 2 | 3 | 4 | 5 | UK |
| • and competency in client assessment | 1 | 2 | 3 | 4 | 5 | UK |
| • regarding research in supervision | 1 | 2 | 3 | 4 | 5 | UK |
| • of supervision and techniques | 1 | 2 | 3 | 4 | 5 | UK |
| • of ethical considerations that pertain to the supervisory process, including dual relationships, due process, evaluation, informed consent, confidentiality and vicarious liability | 1 | 2 | 3 | 4 | 5 | UK |

The applicant demonstrates

- | | | | | | | |
|--|---|---|---|---|---|----|
| • commitment to the role of supervisor | 1 | 2 | 3 | 4 | 5 | UK |
| • and enforces ethical and professional standards | 1 | 2 | 3 | 4 | 5 | UK |
| • facilitative conditions (empathy, concreteness, respect, congruence, genuineness, and immediacy) | 1 | 2 | 3 | 4 | 5 | UK |
| • a high degree of self-awareness and knowledge about his/her strengths, limitations | 1 | 2 | 3 | 4 | 5 | UK |
| • conceptual knowledge of the personal and professional nature of the supervisory relationship | 1 | 2 | 3 | 4 | 5 | UK |
| • a sense of humor | 1 | 2 | 3 | 4 | 5 | UK |
| • an understanding of legal and regulatory documents and the impact on the profession (e.g., certification, licensure, duty to warn, parents' rights to children's records, third party payments etc.) | 1 | 2 | 3 | 4 | 5 | UK |

(1=poor; 2=fair; 3=average; 4=good; 5=excellent; UK=unknown)

The applicant is

• sensitive to individual differences with respect to gender, race, ethnicity, culture and age characteristics in counseling relationships	1	2	3	4	5	UK
• committed to updating his/her own counseling and supervisory skills	1	2	3	4	5	UK
• encouraging, optimistic and motivational	1	2	3	4	5	UK
• comfortable with authority in supervisory role	1	2	3	4	5	UK
• proficient in evaluation of counselor effectiveness	1	2	3	4	5	UK

The applicant demonstrates competency in the application of counseling theory and methods for

• individual counseling	1	2	3	4	5	UK
• marriage and family counseling	1	2	3	4	5	UK
• addictions counseling	1	2	3	4	5	UK
• career counseling	1	2	3	4	5	UK
• pastoral counseling	1	2	3	4	5	UK
• rehabilitation counseling	1	2	3	4	5	UK
• counseling mentally ill	1	2	3	4	5	UK
• school counseling	1	2	3	4	5	UK
• other _____	1	2	3	4	5	UK
• other _____	1	2	3	4	5	UK

Please provide a brief narrative to supplement your ratings of the applicant. Descriptions and illustrations are encouraged. Use additional sheet(s) if necessary.

Signature _____ Date _____

Please return completed form to:
ALABAMA BOARD OF EXAMINERS IN COUNSELING
950 22ND STREET NORTH, SUITE 765
BIRMINGHAM, AL 35203

255-X-3-.03 Supervising Counselor.

(1) General. Supervising Counselors shall be licensed professional counselors and shall have adequate training, knowledge and skill to render competent clinical supervision.

(2) (Repealed)

(3) Licensed professional counselors applying for supervising counselor status must comply with the following requirements.

(a) Experience. Document the following:

1. A minimum of five (5) years continuous full time (20+ hours per week) clinical practice as a licensed professional counselor (LPC).

(b) Training. Document successful completion of one or more of the following supervisory training programs completed not more than three (3) years prior to submitting the application for Supervising Counselor status:

1. A passing grade at an accredited college or university in an academic course specific to supervision of counselors.

2. Supervision certification by one, or more, of the following clinical associations:

- a. AAMFT – Approved Supervisor.
- b. American Association of Pastoral Counselors (AAPC)-Diplomate.
- c. AMHCA – Approved Supervisor.
- d. NBCC – Approved Clinical Supervisor.

3. Any Alabama Board of Examiners in Counseling (ABEC) approved supervisory training event, for a minimum of twenty-four (24) contact hours. Board approval must be requested thirty (30) or more days prior to the scheduled training event, and must be accompanied by a program description and qualifications of the instructor.

(c) Theoretical Foundation. Present a statement satisfactory to the Board, in typed form, discussing the philosophy and models of supervision, and the applicant's strengths and weaknesses as a potential supervisor. This statement should adequately demonstrate familiarity with the significant legal, ethical, and clinical issues relevant to the supervisory relationship.

(d) Peer Recommendations. The applicant must present to the Board peer recommendations from three (3) LPCs who have a current Alabama license, indicating their views on the applicant's strengths and weaknesses as a potential supervisor.

(e) Limitations of Supervision Practice. No Supervising Counselor may exceed a total of five (5) supervisees.

(f) Continuing Education Credit. One (1) contact hour of continuing education credit may be earned for each ten (10) clock hours of supervision of an associate licensed counselor. Up to, but no more than, ten (10) contact hours of continuing education credit may be earned by providing one hundred (100) clock hours of supervision of an associate licensed counselor. A Supervising Counselor may earn up to, but no more than, one (1) contact hour of continuing education credit for each ten (10) clock hours of supervision provided to a licensee who requires supervision of counseling practice as a result of a disciplinary action taken by the board. A Supervising Counselor may earn a maximum of ten (10) contact hours of continuing education credit during a two-year period for supervision provided under this regulation.

(g) Fees. There will be a non-refundable \$150.00 fee for the application process for approved supervisors.

(h) Recertification. There is no process required for approved supervisors who maintain continuous licensure status as a licensed professional counselor. Licensees who fail to renew their license must petition the Board for reinstatement of their Supervising Counselor status.

Author: Alabama Board of Examiners in Counseling

Statutory Authority: Code of Ala. 1975, §§34-8A-1 et seq.

History: **New Rule:** Filed March 21, 1995; effective April 25, 1995. **Amended:** Filed March 1, 2000; effective April 5, 2000. **Amended:** Filed September 22, 2000; effective October 27, 2000. **Amended:** Filed May 17, 2001; effective June 21, 2001. **Amended:** Filed March 22, 2002; effective April 26, 2002. **Amended:** Filed November 9, 2006; effective December 14, 2006. **Amended:** Filed September 24, 2012; effective October 29, 2012. **Amended:** Filed July 14, 2016; effective August 18, 2016